

Foster Family Home - Corrective Action Report

Provider ID: 1-596447

Home Name: Rose Galiza, CNA

91-850 Kekakia Place

Ewa Beach

HI 96706

Review ID: 1-596447-4

Reviewer: Sue Lo

Begin Date: 3/20/2018

End Date: 4/16/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification requested to decrease to 2 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 4/20/2018.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapse in TB Clearance due on/before 12/20/16 was done on 4/5/17 for CG#1 and due on/before 12/20/16 done on 4/5/17 for CG#4. TB Clearance expired on 4/7/17 no renewal present in the home for CG#3.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Galiza's Foster Home
 CCFFH Address: 91-550 Kekakia PL Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(4)(7)	Lapses Cannot be corrected.	3/20/18	I understand TB Clearance is every year. I made a requirement
	CG#3 complete TB clearance	4/9/18	log and place it front of the CTA binder. And will check the log once a month

Primary Caregiver's Signature: Rose Galiza

Print Name: Rose Galiza

Date of Signature: 04-11-18